

IN THE DISTRICT COURT OF THE SECOND CIRCUIT
STATE OF HAWAI‘I

Plaintiff(s)

Civil No.

Defendant(s)

MOTION TO DISMISS

Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the District Court Rules of Civil Procedure, Rule _____, and the Declaration below.

<p style="text-align: center;">DECLARATION</p> <p>I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:</p> <p>1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;</p> <p>2. The following are facts why the Motion should be granted (attach continuation page, if necessary):</p>
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Date:

Signature of Declarant:
Print/Type Name:

NOTICE OF MOTION

TO: _____;
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on _____, _____, 19____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

- ☐ Wailuku Division
☐ Lahaina Division
☐ Hana Division
☐ Molokai Division
☐ Lanai Division

2145 Main Street, Courtroom 3C, Third Floor, Wailuku, Hawai'i, 96793
1870 Honoapiilani, Highway, Lahaina, Hawai'i, 96761
4974 Uakea Road, Hana, Hawai'i, 96713
Kaunakakai, Molokai, Hawai'i, 96748
Lanai City, Lanai, Hawai'i, 96763

Mailing address for the above Courts: _____, **Hawai'i 967**_____.

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney: Print/Type Name:
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RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney:
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In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, please contact the District Court Administration Office at PHONE NO. 244-2852, FAX 244-2849, or TTY 244-2865 at least ten (10) working days in advance of your hearing or appointment date.